

RECORD OF LEAVE DATA

1. Name (Last, First, Middle) PARKER, PETER A						2. Social Security Number 111-22-3333							3. (For agency use) OM121															
4. Date and Nature of Separation 03-21-2018 355 TERM-EXP OF APPT Line 2									5. A. Subject to 5 U.S.C. 6304(B) (45 day leave ceiling) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No B. Last Date Subject to 5 U.S.C. 6304(B)												C. Annual Leave Balance as of That Date (Hours)							
6. Total Service for Leave (as of Date of Separation) <input type="checkbox"/> More than 15 Years <input checked="" type="checkbox"/> Less Than 15 Years (show) _____ Years Months Days																												
SUMMARY OF ANNUAL AND SICK LEAVE												SUMMARY OF HOME LEAVE																
7. Carryover Balance From Prior Leave Year Ending				MO.	DAY	YEAR	HOURS			18. Basic Service Period of 24 Months of Continuous Service Abroad: Date Started _____ Date Completed _____								MO.	DAY	YEAR								
				Annual	Sick	Restored	_____	_____	_____									____	____	____								
				01	07	2018	24.0	16.0	.0																			
8. Current Leave Year Accrual Through Pay Period Ending (if 90 day restriction applicable, explain in remarks)				03	18	2018	.	.	.0																			
9. Total							24.0	16.0	.0																			
10. Reduction in Credits, If Any (current year)							.	.																				
11. Total Leave Taken, Current Year Through Date of Separation							.																					
12. Balance							.	24.0	.0																			
13. Total Hours Paid in Lump Sum (includes _____ hours for holidays)																												
14. Salary Rate(s) Per Hour:																												
15. Lump Sum Leave Dates (if part-time tour, explain in Remarks) a. Restored b. Annual Leave Above Ceiling c. Annual Leave Within Ceiling					MO.	DAY	YEAR	HOURS	22. Dates Leave Used Prior 24 Months								FROM			TO								
				From													MO.	DAY	YEAR	MO.	DAY	YEAR						
				Thru																								
				From																								
				Thru																								
				From																								
				Thru																								
				From																								
				Thru																								
ABSENCE WITHOUT PAY												MILITARY LEAVE																
16. During Leave Year in Which Separated								Hours	23. During Current Calendar Year A. Regular-Active Duty or Training B. Special-Civil Disturbance								FROM			TO								
																	MO.	DAY	YEAR	MO.	DAY	YEAR						
17. A. Date of Last Equivalent Increase				MO.	DAY	YEAR																						
B. Total LWOP Hours Since Last Equivalent increase (except during military service and while in receipt of OWCP payments)								Hours																				
24. Remarks (include shore leave information, if applicable):																												
25. Certified Correct By: (Signature)												26. Title, Agency, Address, Telephone Number												27. Date				

RECORD OF LEAVE DATA

[illegible]

RECORD OF LEAVE DATA

1. Name (Last, First, Middle) WAYNE, BRUCE E						2. Social Security Number 999-44-1111						3. (For agency use) OM121								
4. Date and Nature of Separation 03-21-2018 355 TERM-EXP OF APPT						5. A. Subject to 5 U.S.C. 6304(B) (45 day leave ceiling) <input type="checkbox"/> Yes <input type="checkbox"/> No B. Last Date Subject to 5 U.S.C. 6304(B)						C. Annual Leave Balance as of That Date (Hours)								
6. Total Service for Leave (as of Date of Separation) <input type="checkbox"/> More than 15 Years <input type="checkbox"/> Less Than 15 Years (show) _____ Years _____ Months _____ Days																				
SUMMARY OF ANNUAL AND SICK LEAVE												SUMMARY OF HOME LEAVE								
7. Carryover Balance From Prior Leave Year Ending		MO.	DAY	YEAR	HOURS			18. Basic Service Period of 24 Months of Continuous Service Abroad: Date Started _____ Date Completed _____												
		01	07	2018	Annual	Sick	Restored							MO.	DAY	YEAR				
		03	18	2018	24.0	24.0	.0													
8. Current Leave Year Accrual Through Pay Period Ending (if 90 day restriction applicable, explain in remarks)					20.0	20.0	.0	19. Current 12 Months Accrual Period Began on _____ MO. DAY YEAR												
9. Total					44.0	44.0	.0	Hours Absent Without Pay Since That Date _____→												
10. Reduction in Credits, If Any (current year)					20.0	20.0														
11. Total Leave Taken, Current Year Through Date of Separation					.0	.0		20. Current Balance (or accrual) as of _____ MO. DAY YEAR												
12. Balance					.0	24.0	.0	Number of Days _____→												
13. Total Hours Paid in Lump Sum (includes _____ hours for holidays)																				
14. Salary Rate(s) Per Hour:								21. Twelve Months Accrual Date as of Date of Separation Number of Days _____→												
15. Lump Sum Leave Dates (if part-time tour, explain in Remarks) a. Restored b. Annual Leave Above Ceiling c. Annual Leave Within Ceiling				MO.	DAY	YEAR	HOURS	22. Dates Leave Used Prior 24 Months												
				From											FROM	TO				
				Thru											MO.	DAY	YEAR	MO.	DAY	YEAR
				From																
				Thru																
				From																
				Thru																
				From																
				Thru																
ABSENCE WITHOUT PAY																				
16. During Leave Year in Which Separated							Hours	MILITARY LEAVE 23. During Current Calendar Year A. Regular-Active Duty or Training B. Special-Civil Disturbance												
17. A. Date of Last Equivalent Increase							MO.							DAY	YEAR					
B. Total LWOP Hours Since Last Equivalent increase (except during military service and while in receipt of OWCP payments)							Hours													
24. Remarks (include shore leave information, if applicable):																				
25. Certified Correct By: (Signature)								26. Title, Agency, Address, Telephone Number						27. Date						

RECORD OF LEAVE DATA

1. Name (Last, First, Middle) ALLEN, BARRY Z				2. Social Security Number 444-33-2222				3. (For agency use) OM121				
4. Date and Nature of Separation 03-21-2018 355 TERM-EXP OF APPT				5. A. Subject to 5 U.S.C. 6304(B) (45 day leave ceiling) <input type="checkbox"/> Yes <input type="checkbox"/> No B. Last Date Subject to 5 U.S.C. 6304(B)				C. Annual Leave Balance as of That Date (Hours)				
6. Total Service for Leave (as of Date of Separation) <input type="checkbox"/> More than 15 Years <input type="checkbox"/> Less Than 15 Years (show) _____ Years _____ Months _____ Days												
SUMMARY OF ANNUAL AND SICK LEAVE						SUMMARY OF HOME LEAVE						
7. Carryover Balance From Prior Leave Year Ending	MO.	DAY	YEAR	HOURS			18. Basic Service Period of 24 Months of Continuous Service Abroad: _____ Date Started _____ Date Completed _____	MO.	DAY	YEAR		
				Annual	Sick	Restored						
	01	07	2018	24.0	24.0	.0						
8. Current Leave Year Accrual Through Pay Period Ending (if 90 day restriction applicable, explain in remarks)	03	18	2018	.0	.0	.0	19. Current 12 Months Accrual Period Began on					
9. Total				24.0	24.0	.0	Hours Absent Without Pay Since That Date _____					
10. Reduction in Credits, If Any (current year)				.0	.0							
11. Total Leave Taken, Current Year Through Date of Separation				.0	.0		20. Current Balance (or accrual) as of					
12. Balance				.0	24.0	.0	Number of Days _____					
13. Total Hours Paid in Lump Sum (includes _____ hours for holidays)							21. Twelve Months Accrual Date as of Date of Separation					
14. Salary Rate(s) Per Hour:							Number of Days _____					
15. Lump Sum Leave Dates (if part-time tour, explain in Remarks) a. Restored b. Annual Leave Above Ceiling c. Annual Leave Within Ceiling		MO.	DAY	YEAR	HOURS	22. Dates Leave Used Prior 24 Months	FROM			TO		
	From						MO.	DAY	YEAR	MO.	DAY	YEAR
	Thru											
	From											
	Thru											
	From											
	Thru											
	From											
	Thru											
	Thru											
ABSENCE WITHOUT PAY												
16. During Leave Year in Which Separated					Hours	MILITARY LEAVE 23. During Current Calendar Year A. Regular-Active Duty or Training B. Special-Civil Disturbance	FROM			TO		
							MO.	DAY	YEAR	MO.	DAY	YEAR
17. A. Date of Last Equivalent Increase												
B. Total LWOP Hours Since Last Equivalent increase (except during military service and while in receipt of OWCP payments)					Hours							
24. Remarks (include shore leave information, if applicable):												
25. Certified Correct By: (Signature)						26. Title, Agency, Address, Telephone Number				27. Date		